

Case Number:	CM15-0032228		
Date Assigned:	02/25/2015	Date of Injury:	12/28/2013
Decision Date:	04/10/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 65-year-old male who sustained an industrial injury on 12/28/13. He reports lumbar spine, right knee, hip and foot pain. Diagnoses include lumbar disc bulge at L4-5, Right L5 denervation on EMG, right lower extremity radicular pain, and right knee strain. Treatments to date include mediations. In a progress note dated 12/02/14 the treating provider recommends a MRI of the right knee, physical therapy to the lumbar spine, and continued Tramadol. On 01/22/15 Utilization Review non-certified the physical therapy, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

2X6 physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The 65-year-old patient complains of lower back pain radiating to the right lower extremities, rated at 7/10, as per progress report dated 12/02/14. The request is for PHYSICAL THERAPY 2 X 6. The RFA for this case is dated 10/24/14, and the patient's date of injury is 12/28/13. Diagnoses, as per progress report dated 12/02/14, included lumbar disc bulge at L4-5, right L5 denervation of EMG, right lower extremity radicular pain, and right knee strain. The patient has been allowed to work with restrictions, as per progress report dated 12/02/14. MTUS guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." In this case, the treater is requesting for physical therapy for "core stabilization," as per progress report dated 08/27/14. The progress report dated 10/03/14 states, "denies receiving any physical therapy." However, in the same report, the treater states that the patient "has had only a short course of conservative care," and recommends additional physical therapy. The UR also states that the patient received 9 sessions of PT in January, 2014. There is no discussion about the impact of prior therapy on pain and function. Additionally, MTUS recommends only 8-10 sessions in non-operative cases. The treater's request for 12 more sessions is, therefore, excessive and IS NOT medically necessary.